


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90048 014 ***150.00

DOCUMENT # F94000000690

1. Entity Name
YUNIS REALTY, INCORPORATED



Principal Place of Business Mailing Address
214 E. CHURCH ST. **214 E. CHURCH ST.**
ELMIRA, NY 14901 **ELMIRA, NY 14901**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02282008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
16-0929989 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SNYDER, WILLIAM ESQ
7931 SW 45TH ST.
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YUNIS, AMY K	
STREET ADDRESS	214 E CHURCH ST	
CITY-ST-ZIP	ELMIRA, NY 14901	
TITLE	VDT STD	<input type="checkbox"/> Delete
NAME	YUNIS, MARY H	
STREET ADDRESS	681 W. CLINTON ST.	
CITY-ST-ZIP	ELMIRA, NY 14905	
TITLE	VDS PD	<input type="checkbox"/> Delete
NAME	YUNIS, MARY J	
STREET ADDRESS	740 LARCHMONT RD.	
CITY-ST-ZIP	ELMIRA, NY 14905	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUNIS, JOHN T	
STREET ADDRESS	214 E. CHURCH ST.	
CITY-ST-ZIP	ELMIRA, NY 14901	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUNIS, HELEN A	
STREET ADDRESS	214 E. CHURCH ST.	
CITY-ST-ZIP	ELMIRA, NY 14901	
TITLE	D VD	<input type="checkbox"/> Delete
NAME	YUNIS, BARBARA J	
STREET ADDRESS	214 E. CHURCH ST.	
CITY-ST-ZIP	ELMIRA, NY 14901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/3/08** Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #